DRAFT 6/23/09

EXPERT PANEL ON END OF LIFE CARE
Public Policy Activities and Possibilities

Significant End of Life Legislation, Regulation and Other Practices in Massachusetts (1995-2009)

- Requirement for Hospice Licensure by the MA Dept. of Public Health (amended 2002)
- Mandated Hospice Benefit for all MA health insurance plans(1995)
- Nurse Pronouncement law (1995)
- Establishment of an End of Life Commission (1999)
- Establishment of Comfort Care Protocol for EMS (2000)
- Establishment and funding of a Pediatric Palliative Care Program (2006)
- Establishment of MA Hospice-Veteran Partnership (2006)
- Recognition of National Healthcare Decisions Day (Federal) (2007)
- Establishment of a pilot MOLST program (Section 43 of Chapter 305 of the ACTS of 2008 Health Reform legislation
- Establishment of Governor's Council on Health Care Cost and Quality/End of Life Subcommittee (2008)

WORKGROUPS

I. WORKPLACE

2009-2010 bills filed MA State Legislature

- An act requiring pain assessment and management in health care facilities (HB2078)
- An act requiring pain management and prescription drug abuse training for prescribing medical and health care providers (HB3479)
- An act relating to the extended care career ladder program (SB700)
- An act relating to the training for certified nurses' aides and direct care workers (SB841)
- An act relative to home health aides (allows for medication administration with appropriate certification (SB860)

2009-2010 bills filed US Congress

- Requires continuing education requirements for physicians and nurses on advance care planning and end of life care (Rockefeller S 1150)
- Establishes National Geriatric and Palliative Care Services Corps by 2012 that includes loan forgiveness, scholarships and financial incentives for doctors, nurses and other professionals to become geriatric or palliative care specialists (Rockefeller S 1150)
- Requires HHS to implement minimum training requirements in end of life at medical schools receiving federal funds (Rockefeller S1150)

- Provides incentives for providers who achieve accreditation and certification in hospice and palliative care by having skilled nursing facilities and hospital with an accredited palliative care program receive a Medicare bonus payment (Warner S 1521)

Other states

- Requires phpysicians to have 6 hours of CME in patien management or end of lifecare for licensure (OR)
- Enacted law AB 487 (1/1/02) with one-time requirement that all licensed physicians obtain 12 CMEs in pain managemnt and treatment of terminally ill and dying by 12/31/06. (CA)
- Enacted AB791 requiring health facilitiesl to assess pain when vital signs are taken and reuires medical students to copmlete course work in pain management and end of life care. (CA)
- Has online-CME/CEU program to receive CMEs from University of Pittsburgh in POLST and other end of life topics (PA)
- Requires a one-timi 2-hr continuing education requirement on end of life care including pain management the first time the clinician gets a license, in part to teach about the POLST form. (WV)

Other activities

- Include requirement by Board of Registration in Medicine that hospitals submit a plan for ensuring that all clinical professionals who care for patients at the end of life are educated in the delivelry of culturally sensitive care (HCCQC/EOL)
- Require training in pediatric and adult palliative care at state medical schools
- Provide risk management credit to physicians for end of life education
- Require certification of prescriber and dispenser of opioids (FDA)
- Requires end of life care quality measures for each relevant provider setting (Rockefeller S 1150)

II. COMMUNICATION

2009-2010 bills filed US Congress

- Provides reimbursement for conversations about goals of care, support for completion of orders for list sustaining treatment in appropriate patient populations such as POLST, MOLST (Rockefeller S 1150)
- Establishes Advance Care Planning Telephone Hotline, clearinghouses and toolkit, (Rockefeller S 1150)
- Establishes a permanent website devoted to educating Medicare, Medicaid, CHIP and public health provider and advance directives and other health care decision (Rockefeller (S 1150)
- Implements National Public Education Campaign re advance care planning by Centers for Disease Control and Prevention by 2011 (Rockefeller S 1150)
- Requires portability of advance directives across state lines (Rockefeller S 1150)
- Provides financial assistance for advance care planning through grants to Legal Services, Medicaid and others (Rockefeller S 1150)
- Provides grants to states for advance directive registries; driver's license advance

directive notation (Rockefeller S 1150)

- Expands Medicare Hospice Benefit to include better education on living wills, counseling, for dying patients and respite care for families (Warner S 1251)
- Requires treating physicians, beginning in 2014, to offer Medicare patients with advanced disease such as end stage cancer, renal disease, COPD, information about advance directives and other planning tools (Warner S 1251)
- Requires more comprehensive discharge planning by hospitals, SNFs, home health agencies and hospices to include discussion with patients and families about course of treatment, likely impact on length of life and function and procedures for help in crisis. Warner S 1521)

Other states

- Expanded Medicaid home health benefit to reimburse social workers for providing advance care planning (NH)
- In collaboration between Medical Societies, Health Systems, State Hospice Association and Health Plan, adopted "Respecting Choices" in 5 health systems and health plans in metropolitan area to use uniform advance directive form. Plan to go statewide. (Minneapolis)

Other activities

- Hospitals, nursing homes, physicians and other providers should implement by 2010, a process for communicating patient's wishes for care at the end of life similar to the POLST process currently in use in OR, WA , NW, WV and other states. (HCCQC/EOL)
- Create on-line consumer on "how to choose a hospice or palliative care program (Teno)
- Adopted hospital protocol for handling disagreements between doctor and family about stopping treatment for terminally ill patients. If physician thinks treatment would not be effective or be harmful, he/she offers opportunity to seek transfer to facility willing to provide that treatment (BIDMC and BWH)
- Create uniform health care proxy statement in multiple languages.

III. ACCESS

2009-2010 bills filed MA state legislature

- An act establishing paid family leave (HB 124 and HB4040
- An act relative to Death with Dignity (HB148) physician assisted suicide bill similar to WA and OR
- Provide continued funding for MA Pediatric Palliative Care Network (MA budget proposal FY 10)
- Encourage hospital adoption of "*No One Dies Alone*" which provides companions to patient who are dying and would otherwise be alone (OR)

2009-2010 bills filed US Congress

- Offers incentives (payment, NQF quality measures, compliance) for hospice and nursing home delivery of quality palliative care (Rockefeller S 1150)

- Provides access to concurrent and hospice care for children (Rockefeller S 1150)
- Requires ongoing Mortality Followback Survey to ensure process of continuous improvement in quality of care (Rockefeller S 1150)
- Establishes National Center on Palliative and End of Life Care at NIH to develop research agenda and evaluate and develop new palliative and end of life care interventions (Rockefeller S 1150)

Federal bills continued

- Enhance Medicare and Medicaid coverage of advanced illness care management services for individuals diagnoses with a life expectancy of 19 months will have access to new advanced illness care management benefit administed by hospice providers (Warner S1251)

Other activities

- Increase access by expanding MassHealth coverage:
  -Add coverage for hospice to all MassHealth plans: Basic, Essential, Limited
  -Include room and board at hospices residences (NY, CA)
- Payers should adopt policies and standards to support and improve the process of care at the end of life (HCCQC)
- Establish performance measures for all end of life providers (HCCQC).
- Hospitals, extended care facilities and home health care organizations should, by March 2009, offer formal hospice and palliative care programs to their terminally ill patients and should ensure that these programs meet the needs of patients with different cultural expectations at the end of life (HCCQC)
- Expand private health plan coverage for hospice patients with one-year prognosis (Aetna)

More information

Massachusetts bills: www.mass.gov/legis

US Congress: go to Senator's web site

-Senator Mark Warner: Senior Navigatyion and Planning Act of 2009 (S1251)

-Senator John D. Rockefeller IV: Advance Planning and compassionate Care Act of 2009 (S1150)

Oregon pain management requirement (www.oregon.gov/OMB/PainMgt.html)